

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012454

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED MAR 22 1963

Primary Registration District No.

3043

Registrar's No.

93

VS 300  
Rev. 4/59

6648

21020

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4 1

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9/551

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12-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hannibal</b>		c. CITY OR TOWN <b>Lakenan</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Elizabeth Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LILLY ETHEL POWER</b>		4. DATE OF DEATH <b>March 11, 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 16, 1894</b>
9. AGE (last birthday) <b>69</b>		10. IF UNDER 1 YEAR Months <b>25</b> Days <b>25</b> Hours <b>25</b> Min. <b>25</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone Operator</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Monroe County Missouri U S A</b>	
13a. FATHER'S NAME <b>John David Power</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Mildred Smith</b>	
14. NAME OF HUSBAND OR WIFE <b>Never married</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Leona May Power Lakenan Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hepatic failure</b> DUE TO (b) <b>Obstruction, Extra hepatic</b> DUE TO (c) <b>Carcinoma of Gall Bladder</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>6 weeks</b> <b>not known</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2-16-63</b> Month, Day, Year <b>3-11</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Shelbina Missouri</b>		
21. I attended the deceased from <b>2-16-63</b> to <b>3-11</b> and last saw her alive on <b>3-11-63</b>		Death occurred at <b>9 30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>E. J. Rapp M.D.</b>		22b. ADDRESS <b>111 Grand Hannibal, Mo</b>	
22c. DATE SIGNED <b>3-14-63</b>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/13/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Shelbina Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>March 14, 1963</b>	
23f. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lusk by Lillian M. Thomas</b>		23g. ADDRESS <b>Hayes Funeral Home Shelbina</b>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1963

1750  
848

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John S. Swan

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 3/14/63